



## INFORMED CONSENT AND RELEASE OF LIABILITY

State of Utah

The Utah Department of Human Services, Division of Child and Family Services is authorized to investigate any past and present child abuse information which may be pertinent to your application according to UCA 62A-4a-1006 and UCA 78B-6-128. The release of any and all information is authorized whether it is of record or not.

### INSTRUCTIONS

1. Please PRINT legibly or TYPE, complete all information requested

2. Submit form with a legible copy of one of the following photo identifications:

- a. Valid Driver License
- b. State Identification Card
- c. Passport

3. Please send completed form and copy of photo ID to Division of Child & Family Services by:

- a. EMAIL: [dcfscentralregistry@utah.gov](mailto:dcfscentralregistry@utah.gov)
- b. FAX: Attn: Child Abuse Background Screening  
801-538-3993
- c. MAIL: Division of Child & Family Services  
Attn: Child Abuse Background Screening  
195 North 1950 West  
Salt Lake City, UT 84116

### APPLICANTS INFORMATION

|           |            |   |
|-----------|------------|---|
| Last Name | First Name | Middle Name (please indicate initials only or n/a, if applicable) |
|-----------|------------|---|

Former Names Including Married, Maiden, Aliases, Nicknames, Middle Name

|               |                        |              |       |
|---------------|------------------------|--------------|-------|
| Date of Birth | Social Security Number | Phone Number | Email |
|---------------|------------------------|--------------|-------|

Current Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

### REASON FOR REQUESTING A BACKGROUND SCREENING

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Private Adoption     | <input type="checkbox"/> Step Parent Adoption | <input type="checkbox"/> Foster/Adoptive Parent Requirement (Adam Walsh) |
| <input type="checkbox"/> Volunteer/Employment | Name of Agency:                               |  |
| <input type="checkbox"/> Other                | Please Explain:                               |  |

### RETURN RESULTS OF BACKGROUND SCREENING TO:

|              |                      |
|--------------|----------------------|
| Agency Name: | Representative Name: |
|--------------|----------------------|

|   |      |       |          |
|---|------|-------|----------|
| <input type="checkbox"/> Mailing Address: | City | State | ZIP Code |
|---|------|-------|----------|

|                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Fax: | <input type="checkbox"/> Email: |
|-------------------------------|---------------------------------|

By signing below, I certify that I have read and understand this entire form, and that the information I have provided here is true, accurate, and complete to the best of my knowledge. I understand that providing false or incomplete information may result in delaying or possibly denying my request for background screening. It is also my understanding that under Utah Law, it is a crime for an unauthorized person to require me to request a background screening as a condition of employment, I also understand that the Division of Child and Family Services may not release the results of this background screening unless I give my written consent, or unless such is authorized by law. I do hereby release all persons and entities from any legal liability, for furnishing such information to the State of Utah, Division of Child and Family Services.

|                         |       |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

### RESPONSE FROM UTAH DIVISION OF CHILD AND FAMILY SERVICES

The result of a Utah Child Abuse/Neglect Registry check has been completed and the following data is provided:

- ☐ Based on the information provided, as of the date of this search, NO history was found in the Utah Child Abuse/Neglect Registry
- ☐ Based on the information provided, as of the date of this search, the above named person has been identified as a perpetrator in the Utah Child Abuse/Neglect Registry

\*For further review, please see attached form with case number and contact information. (For applicant only)

|   |            |       |
|---|------------|-------|
| Completed by: DCFS Background Screening Coordinator | Signature: | Date: |
|---|------------|-------|